

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019958

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 128

STATE FILE NUMBER

FILED MAY 31 1962

VS 300
Rev. 4/59

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131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in lb 5 days	c. CITY OR TOWN Salisbury
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 509 College St.
3. NAME OF DECEASED (Type or print) Mary Anna Margaret Boerger		4. DATE OF DEATH Month May Day 22 , Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/1/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	9. AGE (last birthday) 65
13a. FATHER'S NAME Edward Spellman		13b. MOTHER'S MAIDEN NAME Sophia Linneman	14. NAME OF HUSBAND OR WIFE William Frederick Boerger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Mr. Wm. F. Boerger, Salisbury, Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute infarction of the myocardium			INTERVAL BETWEEN ONSET AND DEATH 17th
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Moberly Missouri		
21. I attended the deceased from May 17th to May 22nd and last saw her/him alive on May 22nd Death occurred at May 22nd 130A M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thos. S. Fleming		22b. ADDRESS Moberly Missouri	
22c. DATE SIGNED 5. 22-62		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 24, 1962	23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cem.	23d. LOCATION (City, town, or county) (State) Salisbury, Mo.
24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.	25. DATE RECD. BY LOCAL REG. 5-24-62	REGISTRAR'S SIGNATURE [Signature]	

2961 I NNC SA
JUN 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas B Winckelmeyer

Licensed Embalmer No. 3842

P. O. Address

Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.